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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. ~~104~~ 109

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 113

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of

Town of

or

City of Globe

(No. St; Ward)

Born Alive { YES ~~NO~~

FULL NAME OF CHILD

If child not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male | Twin, Triplet or other | and | Number; in order of birth | Legitimate? yes | Date of Birth 5 (Month) 25 (Day) 1911 (Yr.)

FATHER

Full Name Alfred Seobel

Residence Bone St.

Color or Race White

Age at last Birthday 28 (Years)

Birthplace England

Occupation Clerk

MOTHER

Full Maiden Name Anna Peterson

Residence Bone St.

Color or Race White

Age at last Birthday 22 (Years)

Birthplace Texas

Occupation H. W.

Number of child of this mother 1 | Number of children, of this mother, now living 1 | Were Precautions taken against Ophthalmia neonatorum? y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 5/25 1911, at 7 M

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) L. E. Wightman (Attending physician, midwife, householder. *)

Address Globe

Given or christian name added from a supplemental report 191

Filed May 27 1911 B. G. Fox LOCAL REGISTRAR.

Filed 6/5 1911 B. G. Fox M.D. COUNTY REGISTRAR.

023-525-175 COUNTY REGISTRAR.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.